

Name  
in  
Full

Chief of Gill Bros

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Waltham</u> <sup>Town</sup>		<u>Cecil</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>dec</u> <sup>Month</sup>	<u>27</u> <sup>Day</sup>	Age <u>10</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>10</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>color</u>	Birth place <u>Waltham Md</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Unknown</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Lillie Bros</u>			Mother's Birthplace <u>Cecil Co</u>		
Name of person giving information <u>Will Hawkins</u>			How related to deceased <u>none</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <u>Spasms</u> (71)	How long <u>48 Hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>P. Busen</u>
	Address <u>mutual</u>
	<u>Cecil Co</u>
Accident or Suicide?	

WILLIAM  
WILLIAM



Name  
in  
Full

Thomas Robeson Groves

## CERTIFICATE OF DEATH

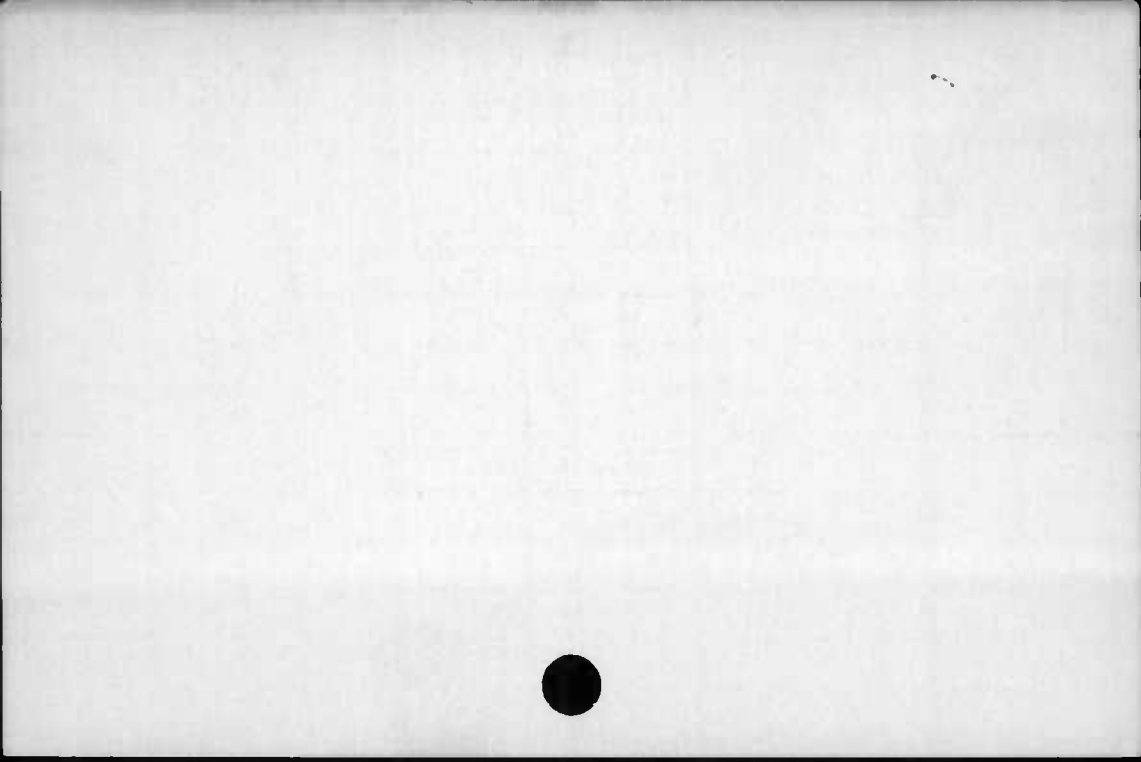
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lusby</i> <sup>Town</sup>		<i>Calvert</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Year</sup>	<i>Dec</i> <sup>Month</sup>	<i>24</i> <sup>Day</sup>	Age	<i>88</i> <sup>Years</sup>
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Calvert Co</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Elizabeth Simmons Brecken</i>	
Father's Name	<i>Robert Groves</i>		Father's Birthplace	<i>Calvert Co</i>	
Mother's Maiden Name	<i>Barbara Mackay</i>		Mother's Birthplace	<i>Calvert Co</i>	
Name of person giving information	<i>Wm J. Groves</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile Debility</i>	How long	<i>154</i> <i>about 18 mos</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr J Chambers MD</i>
		Address	<i>Lusby, Calvert Co</i>
Accident or Suicide?			



Name  
in  
Full

Carrie Elizabeth Hardman

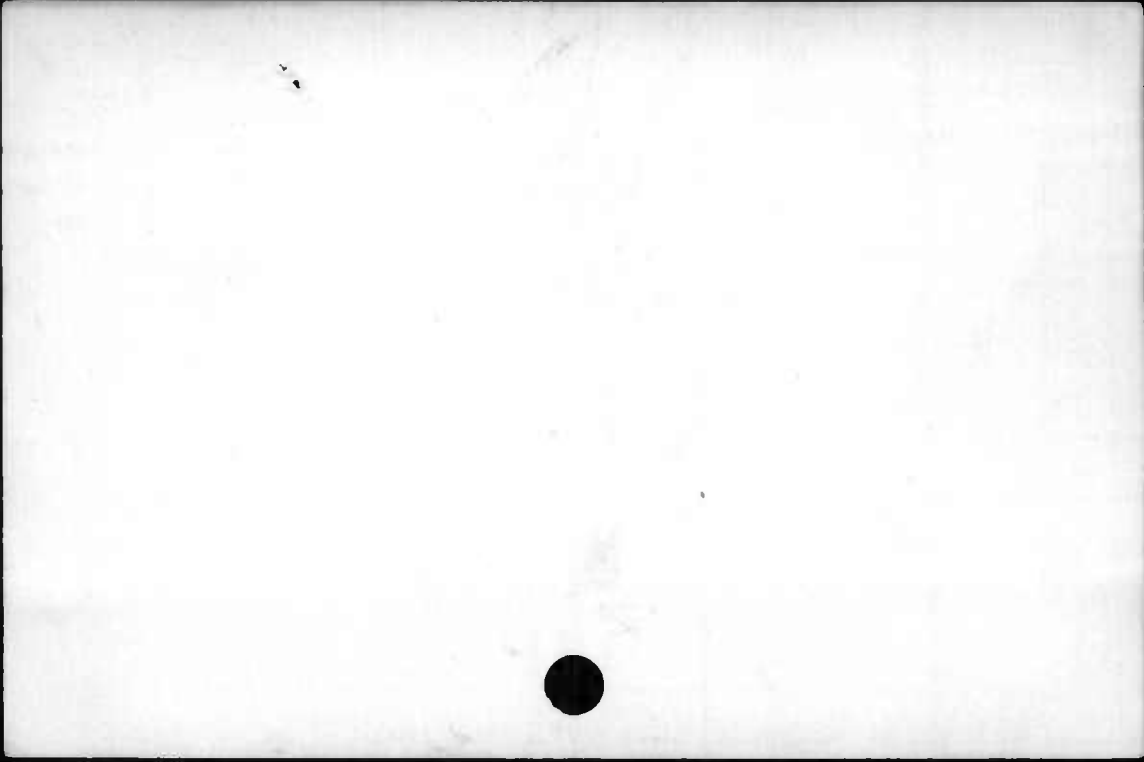
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CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>St. Leonard's</u>		Town		County		MARYLAND	
Date of death <u>1904 Dec 21</u>		Month		Day		Years	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birthplace <u>Calver Co</u>		Months	
Occupation <u>House keeping</u>		Where Residing if not at place of death <u>Calver, ex</u>		Years		Days	
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>John B. Hardman</u>		Father's Birthplace <u>Calver Co</u>		Mother's Birthplace <u>Calver Co</u>	
Father's Name <u>John B. Hardman</u>		Mother's Maiden Name <u>Martha Jones</u>		How related to deceased <u>mother</u>			
Name of person giving information <u>Martha Jones</u>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u><del>Heart Disease</del></u>	How long
Immediate <u>Pentomitus</u>	How long <u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide? <u>R. Brooks &amp; Bros</u>	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND29  
CERTIFICATE OF DEATHDied at *Mutual* Town*Calvert* County

MARYLAND

Date of death

*1906 Dec*

Month

*17* Day*61* Years

Age

*9* Months

Months

*6* Days

Days

Sex

*male*Color or  
Race*Colored*Birth-  
place*Calvert County*

Occupation

*Sailing & Farming*Where Residing if not  
at place of death*"**"*Married, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband*Hattie Harried*Father's  
Name*William Harried*Father's  
Birthplace*Calvert Co*Mother's  
Maiden Name*Sidney Robinson*Mother's  
Birthplace*" "*Name of person giving  
Information*James Harried*How related  
to deceased*Brothers*

## CAUSES OF DEATH

Primary

*Nephritis*

How long

*1 hr.*

Immediate

*Hydro-Pneumonia*

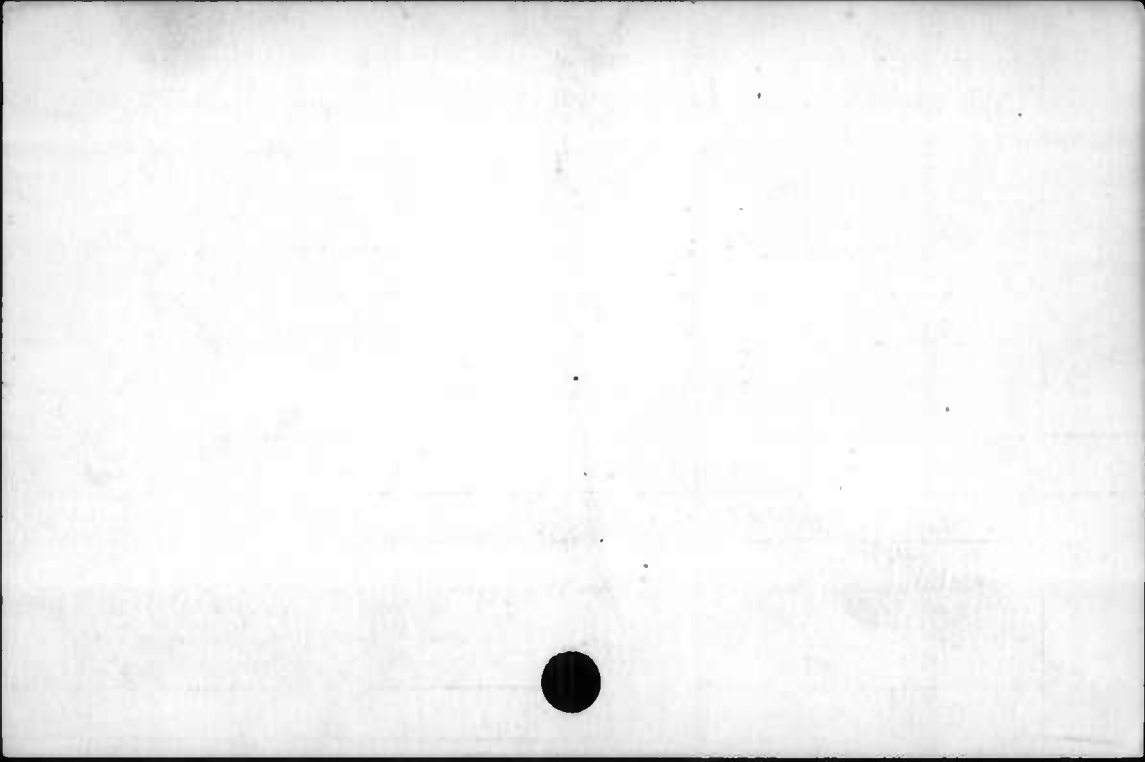
How long

*6 months*Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

*D Brooks & Bros.*





Name  
in  
Full

Elsie E. Hawkins

## CERTIFICATE OF DEATH

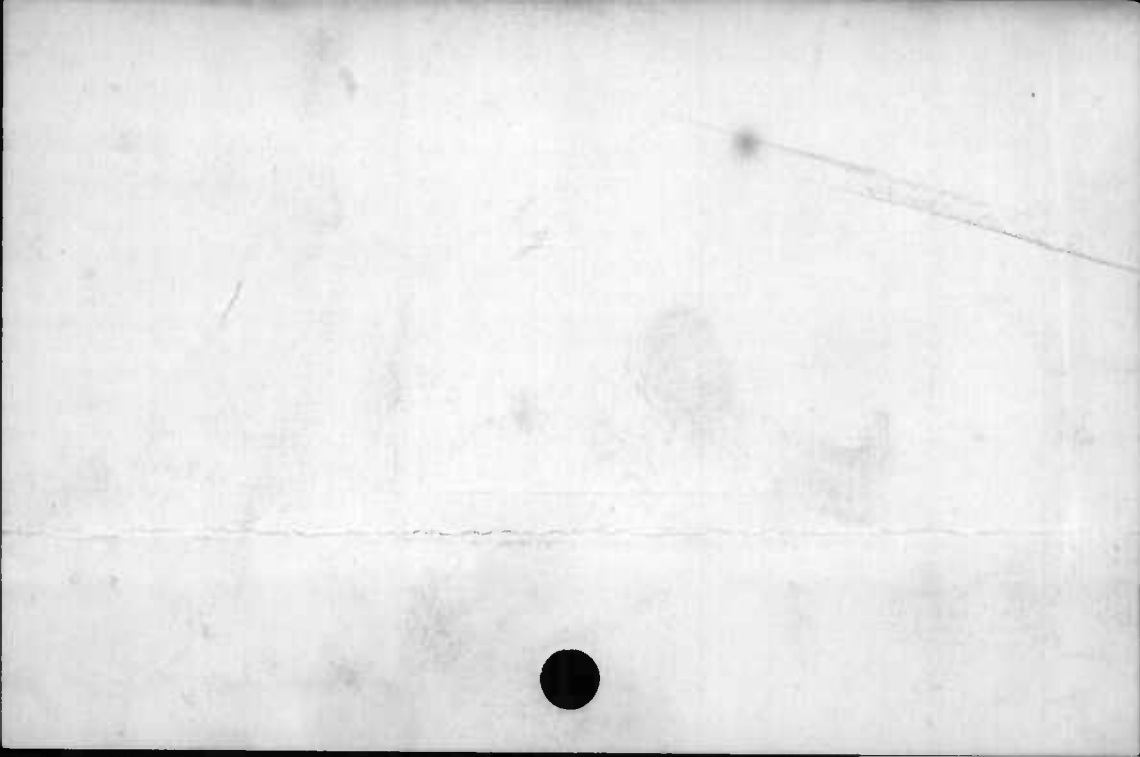
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Dunkirk		County Calvert		MARYLAND	
Date of death		1906	Month Dec	Day 11	Age Years 2	Months 5	Days
Sex Female		Color or Race Colored		Birth- place Calvert Co. Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Roland Hawkins				Father's Birthplace Calvert Co. Md			
Mother's Maiden Name Eva Jones				Mother's Birthplace Calvert Co. Md			
Name of person giving In formation Lark. Hawkins				How related to deceased Grand Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Burns	How long	1 day
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thomas Phipps	
Address		Bristol, Md	
Accident or Suicide?		Accident	



Name  
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Full

William Holly

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lumbay</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>12</i>		Day <i>4</i>		Age <i>27</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth place <i>Lumbay Md</i>			
Occupation <i>None</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Norris Holly</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Mary A Johnson</i>				Mother's Birthplace <i>Lumbay Md</i>			
Name of person giving information <i>Andrew Johnson</i>				How related to deceased <i>grand father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Thrush</i>	(100)	How long <i>Unknown</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Dr. F. Chambers - Int. Surg. -</i>	
<i>Forensic</i>	Address <i>Wash. to Local Bd of Health</i>	
	<i>Lumbay Calvert Co</i>	
Accident or Suicide?		



Name  
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Full

## CERTIFICATE OF DEATH

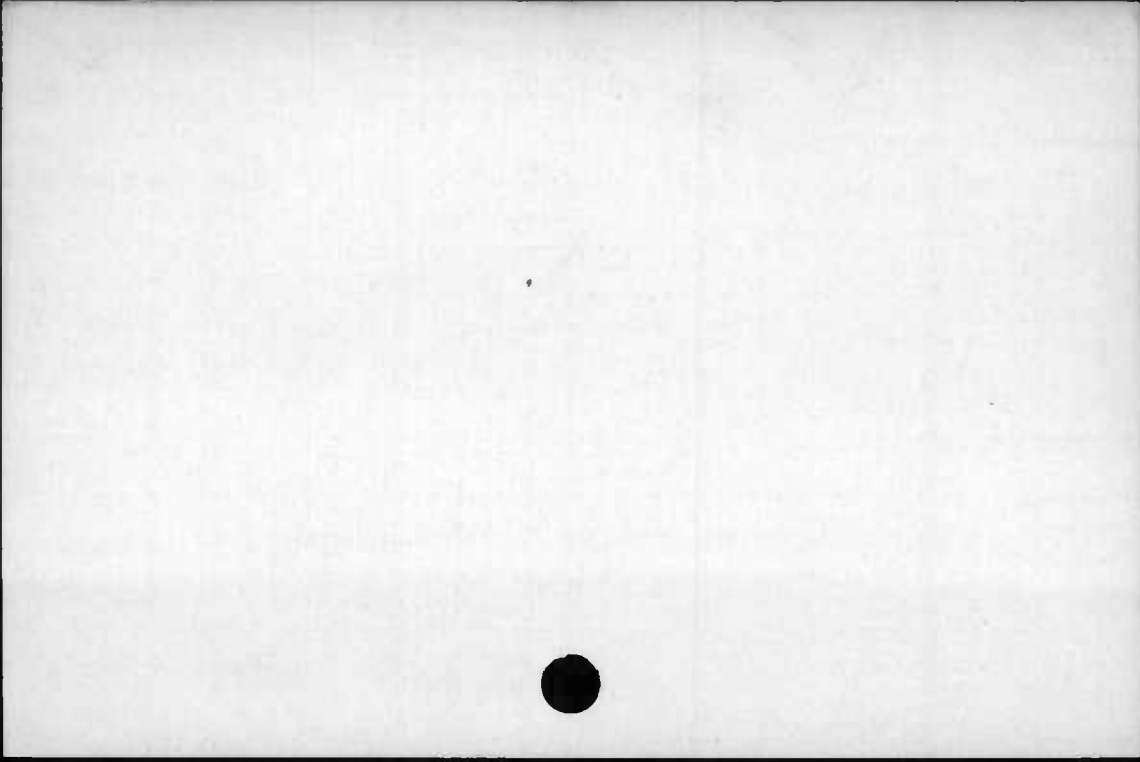
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Blum</i> Town <i>point</i> County <i>Calvert</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Dec.</i>	Day <i>8</i>	Age <i>2 yr</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cal. Cal.</i>	Months <i></i> Days <i></i>
Occupation <i></i>		Where Residing if not at place of death <i></i>	
Married, Single or Widowed <i></i>		Name of Wife or Husband <i></i>	
Father's Name <i>Henry Jefferson</i>		Father's Birthplace <i>Cal. Cal.</i>	
Mother's Maiden Name <i>Fanny Gault</i>		Mother's Birthplace <i>" "</i>	
Name of person giving information <i>Thomas Gault</i>		How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchitis Recurrentia</i>	How long <i>1 wk</i>
Immediate <i></i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J.W. Tittle</i>
	Address <i>Seventy-two</i>
	<i>Md.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

Earl Maloy Livingston

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Solomons		County Calvert		MARYLAND	
Date of death	1906	Month Dec	Day 17	Age Years	31	Months	Days
Sex	Male		Color or Race	White		Birth- place	Calvert Co
Occupation	Optician			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Jennie M. Marks			
Father's Name	Samuel Livingston				Father's Birthplace	Phil- Pa	
Mother's Maiden Name	Julia Ann Kelly				Mother's Birthplace	Accomack Va	
Name of person giving Information	Samuel Livingston				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tubercular Peritonitis		How long	4 weeks
Immediate	Prostration		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Dr. F. Chambers M.D.		
Address		Lucy, Calvert Co		
<div style="background-color: black; width: 50px; height: 50px; display: inline-block;"></div>				
<del>Accident or Suicide?</del>				





Name  
In  
Full

*Nannie Ogden*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Plum* <sup>Town</sup> *Rt*County *Calvert*

MARYLAND

Date  
of death *1906*Month *Dec*Day *6*

Years

Age *35*

Months

Days

Sex *Female*Color or  
Race*White*Birth-  
place*Calvert Co*

Occupation

*Housewife*Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband*George Ogden*Father's  
Name*James Cottenton*Father's  
Birthplace*Calvert Co*Mother's  
Maiden Name*Not Obtainable*Mother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

CAUSES OF DEATH

Primary

*Pulmonary Tuberculosis*

How long

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician*L. N. King M.D.*

Address

*Bairstown Md.*

Accident or Suicidal?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Wilhelmina Agnes Roach

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Shuntingtown</i>		<sup>County</sup> <i>Culbert</i>		MARYLAND	
Date of death	1906	Month	Dec	Day	21
Age		51		Months	
Sex	Female		Color or Race	White	
Occupation			Birth-place	Cal. Cal.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband <i>Joseph Roach</i>		
Father's Name <i>William H. Gibson</i>			Father's Birthplace <i>Cal. Cal.</i>		
Mother's Maiden Name <i>Rebecca F. Brown</i>			Mother's Birthplace " "		
Name of person giving information <i>William Roach</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>3 wks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. W. Little</i>	
Address <i>Shuntingtown</i>		Address <i>md</i>	
Accident or Suicide?			



Name  
In  
Full

Marion Smothers

## CERTIFICATE OF DEATH

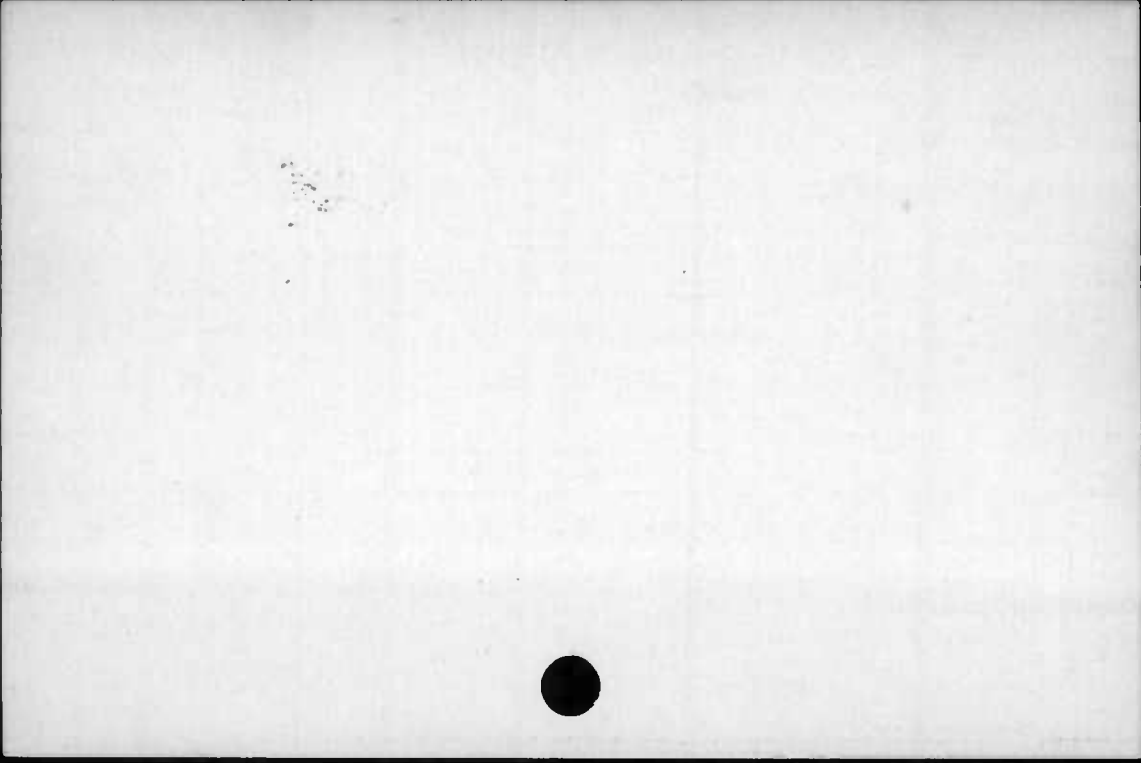
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Dec-	17	36			
Sex	Female	Color or Race	Colored	Birth-place	Calvert Co		
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband William Smothers			
Father's Name	John J. Brooks			Father's Birthplace Calvert Co			
Mother's Maiden Name	Rachel Locks			Mother's Birthplace Calvert Co			
Name of person giving information	John E. Gray			How related to deceased Friend.			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Phthisis	How long	5 mos.
Immediate	Exhaustion	How long	(21)
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Geo F Chambers M.D.	
		Address	
		Lusby Calvert Co	
Accident or Suicide?			



Name  
in  
Full

*Charlotte O. Swann*

CERTIFICATE OF DEATH

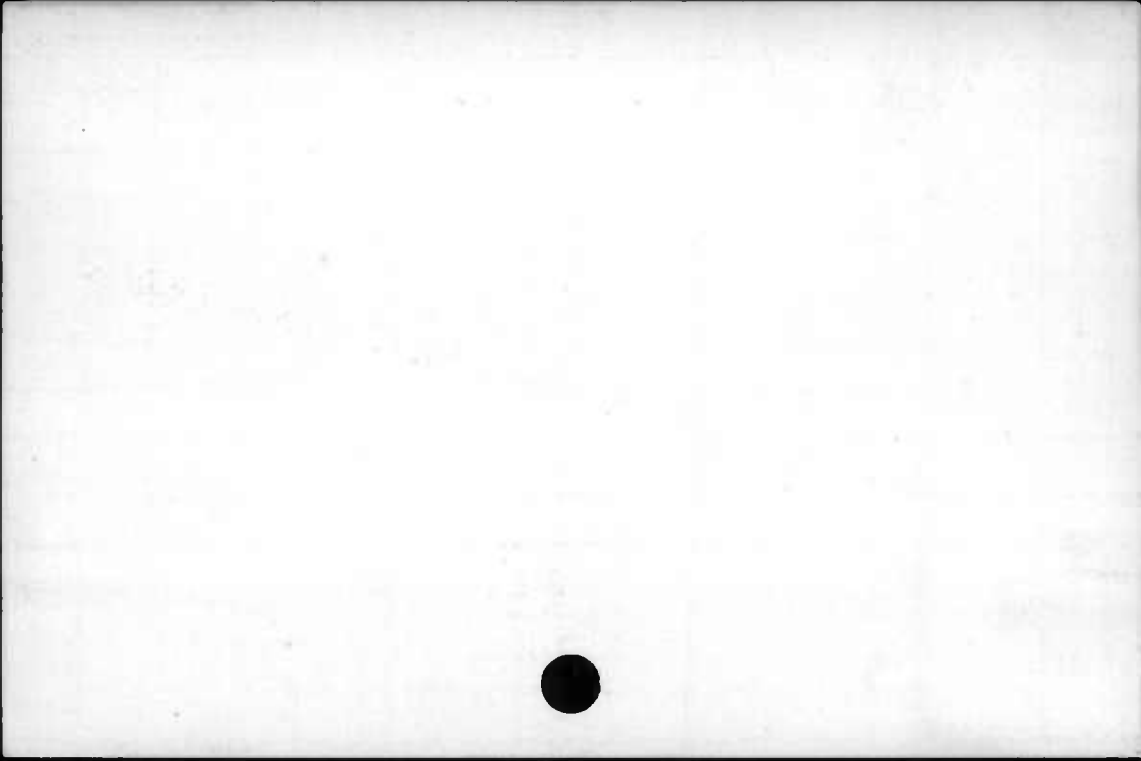
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chambersville</i> Town			<i>Lowndes</i> County			MARYLAND	
Date of death	1906	Month	<i>Dec</i>	Day	<i>3</i>	Age	Years <i>2</i> Months <i>4</i> Days <i>23</i>
Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Cal. Cal.</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Joseph Swann</i>						Father's Birthplace <i>Cal. Cal.</i>	
Mother's Maiden Name <i>Willie Hultchins</i>						Mother's Birthplace <i>Cal. "</i>	
Name of person giving information <i>Harker</i>						How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Laryngitis</i>	How long	<i>5 days</i>
Immediate	<i>Apnoea</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>E. H. Hinner and</i>
		Address	<i>Lo. Mansboro, Ind.</i>
Accident or Suicide?			





Name in Full		Philip M. Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Dunkirk		County Calvert		MARYLAND	
	Date of death	1906	Month Dec.	Day 25	Age —	Years —	Months 7
	Sex	male		Color or Race	colored		Birth- place
	Occupation	—			Where Residing if not at place of death		
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	Morris Waters				Father's Birthplace	A. A. Co. Md
	Mother's Maiden Name	Mary Watkins				Mother's Birthplace	A. A. Co. Md
Name of person giving Information	Mary Watkins				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Emphysema			How long	7 mo	
	Immediate	Congestion of lungs			How long	2 days	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician		
	Accident or Suicide?			No	Address Thos. M. Chaney M.D. Chaney, Ind.		

